

TRANSFORMING THE FUTURE OF PUBLIC HEALTH IN MISSOURI



Background and Progress

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The Crisis

- ④ Missouri does not have a systematic, coordinated approach to the structure, form, and scope of funding for our public health system
- ④ Public health agencies vary widely in structure, funding, services
- ④ Cuts in federal, state, local funding threaten public health

The Crisis

- Georgia Heise, DrPH, District Director, Three Rivers District (KY) Health Department:

“...according to Disney philosophy, “either reflect existing truths about a company or create new ideals that will be pursued until they become inherent truths.” In our case, public health is the “company,” and we must stop reflecting our existing truths of no unified mission, inadequate funding, and an invisible public image. ...

We must come together and brand our services as fundamental to a quality of life that can be expected by all citizens. If we, local public health practitioners, don't accept this challenge, who will?”

Background

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- © August 2014-February 2015
- © Steering Committee formed scope of transformation process
- © Planning funded by Missouri Department of Health and Senior Services to Ozarks Public Health Institute
- © Partnership with Indiana University School of Public Health-Bloomington: Drs Meyerson and Lawrence

Steering Committee

- ☉ Jo Anderson, Missouri Department of Health and Senior Services
- ☉ Janet Canavese, Missouri Institute for Community Health
- ☉ Linda Cooperstock, President MPHA,
- ☉ Dalen Duitsman, Ozarks Public Health Institute
- ☉ Julie Eckstein, Brown Smith Wallace
- ☉ Bert Malone, Kansas City MO Health Department
- ☉ Ross McKinstry, Randolph County Health Department (retired)
- ☉ Michelle Miller, Missouri Foundation for Health
- ☉ Robert Niezgoda, Taney County Health Department
- ☉ Mahree Skala, Missouri Association of Local Public Health Agencies
- ☉ Beth Meyerson, Indiana University School of Public Health-Bloomington
- ☉ Carrie Lawrence, Indiana University School of Public Health-Bloomington

Models Elsewhere

- ⌚ Reviewed other National, State, City/Council examples
- ⌚ Varied scope and frameworks
 - ⌚ Future focus, current system improvement, system performance assessment
- ⌚ Trends
 - ⌚ Institute of Medicine report on the Future of Public Health in the 21st Century
- ⌚ PH Foundational capabilities emerging from WA, OR
- ⌚ Review of several models of “blue ribbon panels”

Stakeholder Engagement

Why?

Stakeholder Engagement

- ④ MOALPHA/MPHA Annual Meeting
 - ④ Mapping Exercise
 - ④ Interviews
- ④ Online Surveys
- ④ Key Informant Interviews

Stakeholder Engagement

- ☞ State and local health agencies
- ☞ Former state legislators, county administrator
- ☞ Academic public health professionals
- ☞ State associations and health foundation partners

Stakeholder Engagement

Steering Committee engaged more than 360 stakeholders who confirmed:

- 🕒 The time is now
- 🕒 Broad interest in engaging in a serious effort
- 🕒 Leadership of the process will be key to its success

Stakeholders Feedback

Big Change for a strong future requires leadership and vision

- ⌚ Respondents identified 3 top systems issues
 - ⌚ Greater Public Health Investment
 - ⌚ Public Health Awareness
 - ⌚ State/LPHA Relationships

Mapping Exercise

Key Findings from the Mapping Exercise (N=85, Joint Public Health Conference, September 2014)

Current Public Health System

- Silos Surrounding Roles & Responsibilities
- Lack of Resources
 - Various Types of Capital Needed - Financial, Social, Human, etc.
- Public Knowledge & Education of What Public Health is and What It Does

The "How do we get there"?

- Transformed Scale - Social Responsibility
 - From "Individual Responsibility", Wealthy & Powerful
 - To **Social Responsibility** (the people 9%), "Individual Responsibility", Wealthy & Powerful
 - More Health Impact Assessments



Your Ideal Public Health System

- More Resources
- A Collective Understanding or Shared Knowledge of Public Health in MO
- Empowered, Interconnected, Encompassing, Respected, Collaborative, Inclusive
- High valued, Outcome-driven and Innovative

Online Survey and Interview Results

- ④ Fragmented public health system
- ④ Lack of coordination/leadership among public health, policymakers, and academia
- ④ Manner in which governmental agencies collaborate needs to change
- ④ More robust information exchange required
- ④ Reduce duplication in activities and funding mechanisms
- ④ Lack of resources is a priority
- ④ Prioritize services/share resources to increase efficiency
- ④ Gap in workforce training, lack of data, lack of sufficient funding

HOW DID Steering committee use feedback?

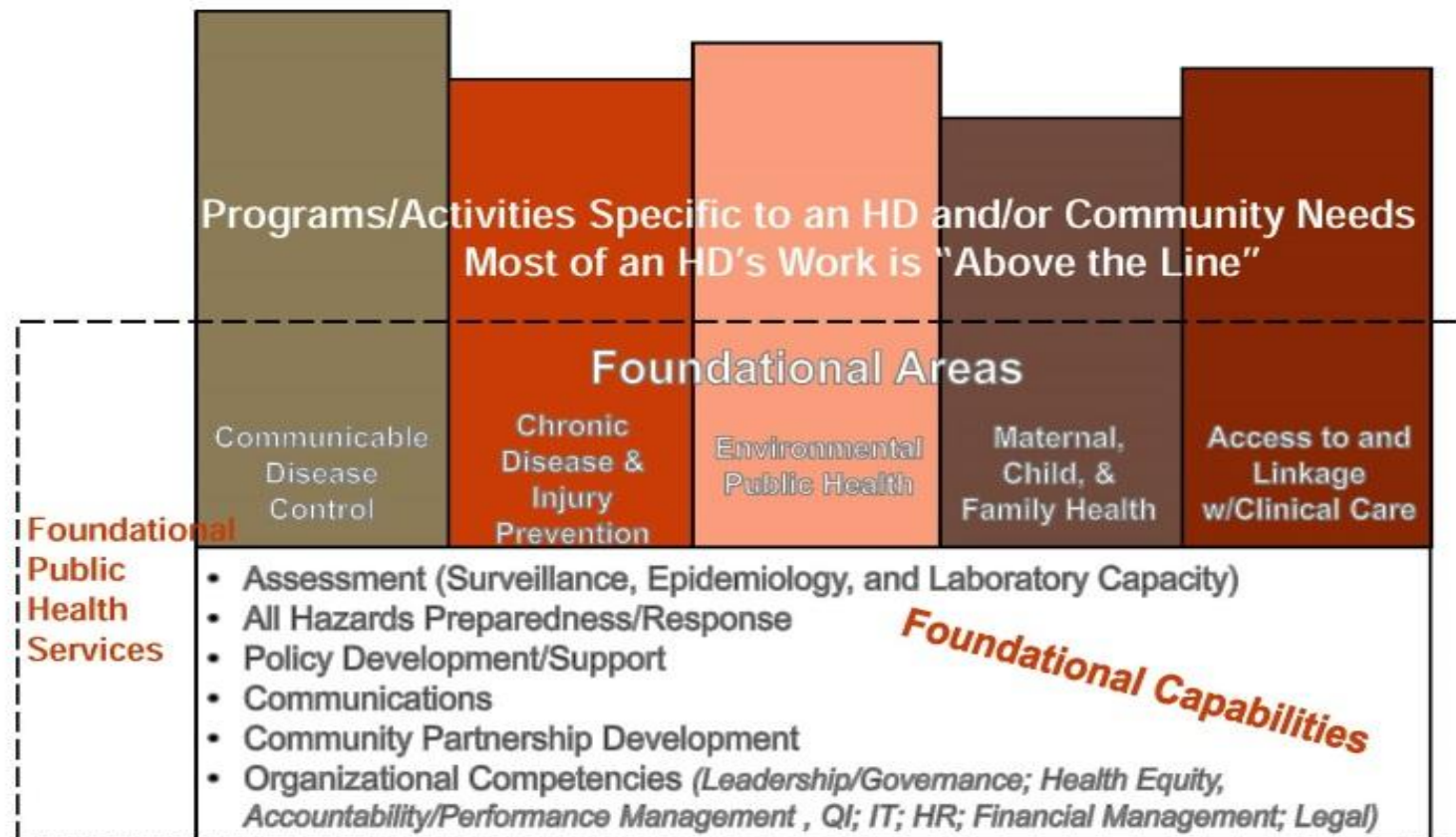
- Feedback was tremendous
- How best to address this and move-forward?
 - What were the elements that were needed?
 - MPHA would be lead and steering committee would be an MPHA committee.
 - Need to identify funding sources and utilize consultant for project management.
- Decision was made to be forward-looking in our approach and what others have done.
- Future challenges and how to address/overcome those.

HOW DID Steering committee use feedback?

- Communication and coordination needs
 - What capacity to carry forward?
- Blue ribbon panel
 - Visioning process
 - How will blue ribbon process work?
 - Meeting schedule, timeframes, etc.
- Tie into foundational capabilities and transformational capacities.

Transformation Process

Foundational Capacities/Areas



Planning For Funding Proposal: Moving Forward

- Planning
 - Development of proposal,
 - Identify key roles,
 - Development of communication plan objectives,
 - Conducting risk assessment and dev mitigation strategies,
 - Development of transformation goals and objectives

Planning For Funding Proposal

Key Roles:

- ④ Project Leadership: MPHA - as convener and host. Spokesperson and “shepherd” of the process
- ④ Project Oversight: Steering Committee - as a committee of MPHA
- ④ Project Management/Fiscal Management: Brown Smith Wallace. Day-to-day execution/implementation of the plan created by Steering Committee as approved by MPHA.
- ④ Project Consultant and Case Study: Dr. Beth Meyerson, Indiana University School of Public Health - Bloomington.

Stage 2: Implementation

- Blue Ribbon Panel
- Communication
- Goals and objectives

Communication Plan

Objectives:

- ④ Engage and empower critical stakeholders
 - ④ Who?
- ④ Educate the community on what is public health
 - ④ How?
- ④ Build trust through transparency
 - ④ Absolutely imperative!
- ④ Attention to stakeholder needs and perceptions
 - ④ Very important to success of this project!

Risk Assessment and Mitigation



Transformation Process

Goals and Objectives

Goal 1: Identify the vision for 2030 through statewide stakeholder engagement process

- ④ Blue Ribbon Panel will select a model that includes analysis of economic, demographic, socio-political, and environmental trends
- ④ Consider emerging scenarios
 - ④ Possibly modeled after Public Health 2030, based on “most likely and also preferred”

Transformation Process

Goals and Objectives

Goal 2: Conduct comprehensive review of Missouri public health system guided by Foundational Public Health Capacities and Services framework

- ⌚ Foundational capacities and areas are those that should be available in all health departments.
- ⌚ Programs and activities may be added that are responsive to community needs.

Transformation Process

Goals and Objectives

Goal 3: Establish a plan to transform Missouri's public health system

This is the essence of Transforming the Future of Public Health in Missouri.

- ⌚ Requires the selection of a committed Blue Ribbon Panel.
- ⌚ The Panel will be supported in the work of creating a viable and energizing vision for our Public Health System for 2030.

Stakeholders in the Transformation Process

- ④ Visioning process - Blue Ribbon Panel will choose a model in which stakeholders can be involved and engaged.
- ④ Hearings - The Blue Ribbon Panel will likely hold hearings on key topics in which selected experts can be involved.
- ④ Continuous communication with stakeholders - The Blue Ribbon Panel will continue to have stakeholder input throughout the process. **Transparency will be key.**

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“Unless we recognize the new circumstances and adapt accordingly, public health will not just be ineffective, it runs the risk of becoming obsolete.”

The High Achieving Governmental Health Department in 2020 as the
Community Chief Health Strategist. Public Health Leadership Forum.
RESOLVE, May 2014.

QUESTIONS?

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Thank you

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